EXAMPLE: ROUTINE DENTAL CLAIM - FILL OUT ONE FORM FOR EACH BILL. W/ ADA FORM FROM DENTIST TO ADDRESS ON REVERSE.

MMSO DENTAL INFORMATION SHEET

1. Patient's Name:	2. Rank/Rate	3. Social Security No:	4. Birth date:	5. Date Filed:
DOE JOHN	E5	123-45-6789	01/01/60	31 Jul 01

6. Current Duty/Unit Address:
USARB Milwaukee — Command/Unit
W19PAA — UIC
310 W WISCONSIN AVE SITE 600 — Street Address
MILWAUKEE — City
WI — State
53203 — Zip Code
(414) 297-4536 — Duty/Unit phone number (with area code)

7. Patient's Home Address:
123 Main St. — Street Address
My Home Town — City
WI — State
12345 — Zip Code
(123) 456-7890 — Home phone number (with area code)

8. Branch Of Service: (MARK "USA" even if you are AGR)

USA_X_ USN_____ USMC_____ USAF_____ *USAR_____ *USNR_____ * USMCR____*USAFR_____

Army NG (Active)_____ *Army NG (Inactive)_____ Air NG (Active)_____ *Air NG (Inactive)____ (Effective 10/01/2000)

Other_____ Please explain: _____

*If illness/injury occurred while on drill, annual, or inactive training, submit a copy of drill record, orders, muster sheet, or leave and earning statement.

9. Type of Care:

Emergency Care_____ Routine_X_ Pre-Authorization Yes_____ No_____

If Yes, Pre-Authorization number:_____

10. Did a Military Dental Clinic authorize the referral of this care? Yes_____ No_X_

If so, Name and location of referring dental Clinic: _____
(Include a copy of the DD-2161 Referral for Civilian Medical Care form)

11. Name of Provider	Treatment Dates	Charges
Dr. Yourfullname	1-5 Dec	$ 100.00

12. Have bills been paid? Yes____ No_X_ If yes, In full_____ In Part_____

If yes, By whom_____

If member paid, submit the itemized bill(s), a SF 1164 (Claim for Reimbursement with the member's original signature), and proof of payment (front and back of canceled check, receipt, or itemized bill showing a zero balance).

13. Signature of patient or the person who is authorizing the release of health care records related to this injury/illness to MILMEDSUPPOFF. Signature validates information provided.

John Doe — Signature
31 Jul 01 — Date signed
Service Member — Relationship to Patient